

Clinic with De Paul Coaching Staff
Featuring Eugene Lenti and Cat Osterman



This clinic will be a skills camp for both offense and defense.

WHEN: November 22nd

WHERE: Players Only Inc. 9805 Hamilton Road, Eden Prairie, MN 55344

WHAT TIME(S): **Session 1:** 9:00am -1:00 pm **Session 2:** 1:30 pm -5:30 pm

COST: \$120

_____ **Session 1:** 9:00am -1:00 pm _____ **Session 2:** 1:30 pm-5:30pm

Name: _____ **age:** _____

Address: _____

City/State/Zip: _____

Phone number(s): home _____ cell _____

E-mail address: _____

Emergency contact: _____ **phone:** _____

For more information about Tom Nevers Clinics, camps, and lessons...

Website: www.playersonlyinc.com E-mail: pennyw@playersonlyinc.com or call 952-224-1200 ext 12

Please make checks payable to Nevers and Larkin Baseball and send with registration form to the following Address:

9805 Hamilton Rd
Eden Prairie, MN 55344

Parents, please read and sign: PLAYERS ONLY INC, TOM NEVERS BASEBALL CLINCS and TRAINING DISCLAIMER OF RESOPNSIBILITY FOR PERSONAL INJURY.

I understand that if my child is injured during any Tom Nevers Baseball Clinics or Training Sessions at Players Only Inc related activity and should require medical attention, appropriate medical care will be summoned and/or an ambulance will be called. If I am not available, I understand that every effort will be made to contact me, and to avoid delay in treatment: I consent to costs related to treatment: (beyond those covered by insurance). I give my authorization for my child to participate in the Tom Nevers Baseball Clinics and Training program, and hear by release, indemnify, and hold harmless Tom Nevers, the Tom Nevers baseball clinics and Training, its staff, and agents from any claim or liability for accident or injury that occurs while participating. This is an activity that injuries may occur and could be serious in nature. I, the parent or legal guardians of the above registrant, acknowledges and understands that they are solely responsible for any medical expenses that may occur.

Signature: _____ Date: _____